

A Classification of the Principal Drugs and Chemicals Abused for their Effects on Mood and Behavior

I. Depressants of the Central Nervous System

A. General Depressants

1. Alcohol
2. Barbiturates (barbs, downers)
 - a. Amobarbital (Amytal, Glue angels, bluebirds, etc.)
 - b. Pentobarbital (Nembutal, yellow jackets, nemmies, etc.)
 - c. Secobarbital (Seconal, reds, redbirds, red devils, seccy, etc.)
 - d. Tuinal (amobarbital + secobarbital, rainbows, double trouble, Christmas trees, red and blues)
3. Non-barbiturate Sedatives
 - a. Glutethimide (Doriden)
 - b. Methaqualone (Qualude, soper)
 - c. Chloral hydrate (Mickey Finn, joy juice)
4. Minor Tranquilizers
 - a. Meprobamate (Equanil, Miltown)
 - b. Diazepam (Valium)
5. General Anesthetics
 - a. Ether
 - b. Nitrous acid (laughing gas)
6. Solvents
 - a. Benzene
 - b. Toluene
 - c. Naphtha
 - d. Gasoline
 - e. Xylene
 - f. Acetone
 - g. Trichloroethylene
 - h. Carbon tetrachloride
 - i. Lacquer thinner
 - j. Lighter fluid
 - k. Airplane glue
 - l. Freon

B. Selective Depressants

1. Narcotics
 - a. Codeine (school boy)
 - b. Heroin (H, horse, junk, scag, smack, etc.)
 - c. Methadone (Dolophine, dolly)
 - d. Morphine (M, miss emma, dream)
 - e. Opium (Chinese tobacco; extracts = Laudanum and Paregoric)
 - f. Oxycodone (Percodan)

II. Stimulants of the Central Nervous System

A. General Stimulants

1. Cocaine (snow, C, coke, charlie, boy, girl, stardust, etc.)
2. Amphetamine (Benzedrine, Dexedrine, bennies, dexies, uppers, lid poppers, L.A. turnabouts, co pilots, wake ups, pep pills, splash, etc.)
3. Methamphetamine (Methedrine, meth, crystal, speed, etc.)
4. Phenmetrazine (Preludin)

B. Hallucinogens

1. Psychedelics
 - a. LSD (lysergic acid diethylamide, acid, 25, owsley)
 - b. Mescaline (peyote, mesc)
 - c. Psilocybin (magic or sacred mushroom)
 - d. DMT (dimethyltryptamine)
 - e. DET (diethyltryptamine)
 - f. DOM or STP (dimethoxy methylamphetamine)
2. Delerients
 - a. Ditran
 - b. Phencyclidine (Sernyl, PCP, PeaCe pill, hog, angel dust, etc.)
 - c. Scopolamine (twilight sleep)

III. Mixed Actions

Tetrahydrocannabinol (THC, marijuana, hashish)

Some Factors Modifying A Drug's Actions

Pharmacological Factors

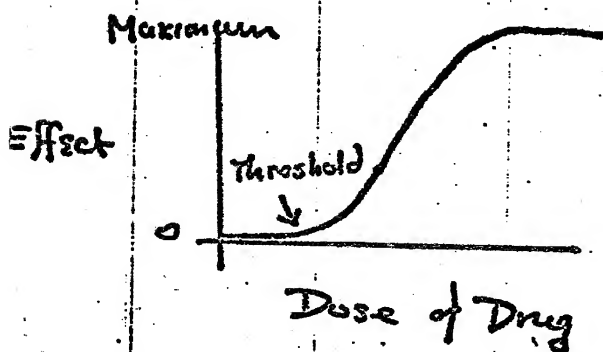
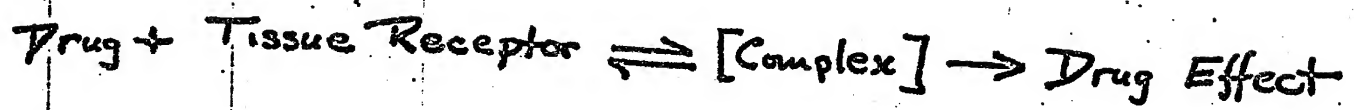
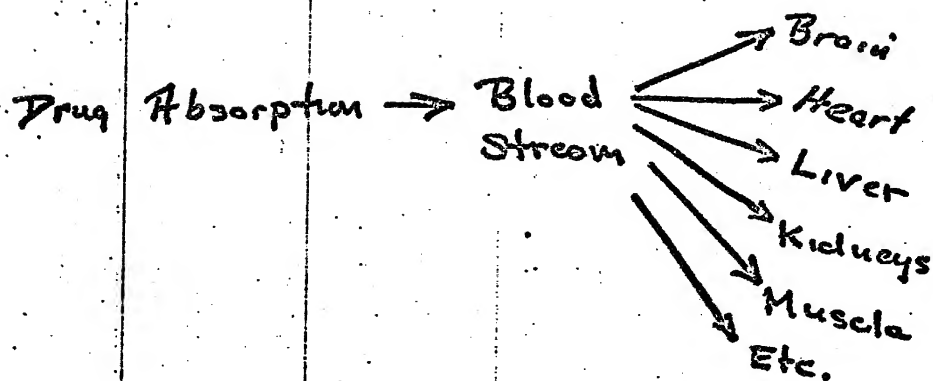
- Dose of drug
- Route of administration
- Frequency of administration
- Interactions with other drugs, environmental chemicals, foods
- Purity of the drug

Biological Factors

- Genetic background
- Environmental background
- Age, weight, sex
- State of health/disease

Psychosocial Factors

- Expectation (placebo effects)
- Setting



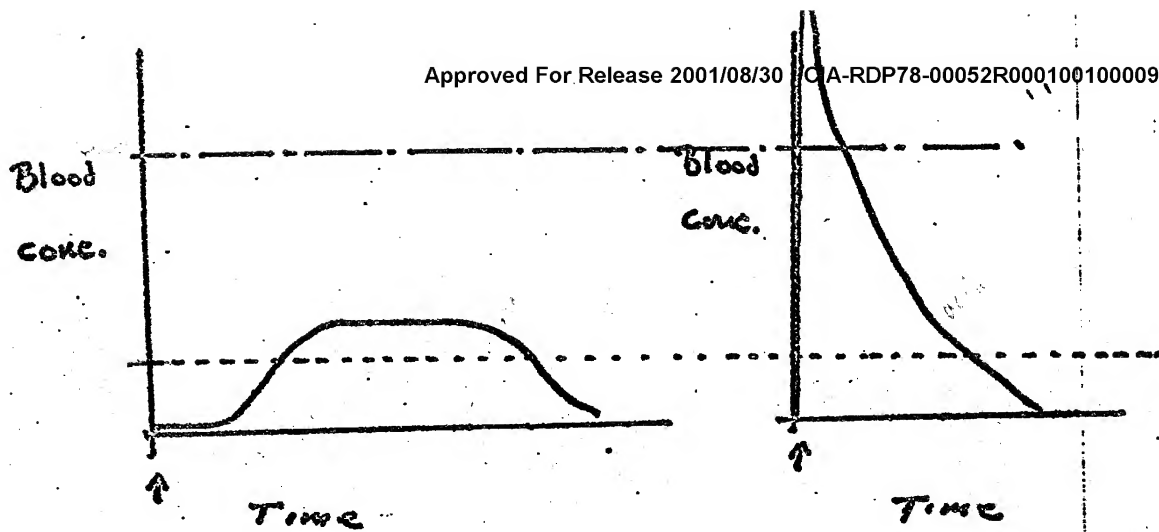


TABLE 1. BLOOD LEVELS OF ETHYL ALCOHOL IN MAN AND EFFECTS ON SENSATION, MUSCULAR COORDINATION, PERFORMANCE, BEHAVIOR, SKILL AND JUDGMENT*

Blood level of ethyl alcohol mg/100 ml	Effect
20-99	<p>A. Impaired sensory function</p> <ol style="list-style-type: none"> 1. Reduced visual acuity (flicker-fusion test) 2. Decreased sense of smell and taste 3. Elevated threshold for pain <ol style="list-style-type: none"> a. Decreased sensitivity of cornea of eye b. Decreased sensitivity to local heating of skin <p>B. Muscular incoordination</p> <ol style="list-style-type: none"> 1. Spontaneous and induced nystagmus 2. Decreased steadiness while standing (Romberg test) 3. Impaired performance on tests of skill (Ring test, finger-to-finger test, target practice, typing) 4. Slight impairment of ability to drive an automobile <p>C. Changes in mood, personality, and behavior</p> <ol style="list-style-type: none"> 1. Dizziness 2. Reduced sense of fatigue 3. Mild euphoria 4. Self-satisfaction 5. Release of inhibitions 6. Loud, profuse speech <p>D. Impaired mental activity</p> <ol style="list-style-type: none"> 1. Subtraction test 2. Reading comprehension tests
100-199	<p>A. Staggering gait</p> <p>B. Marked impairment on mental tests</p> <p>C. Marked impairment of driving ability</p> <p>D. Lengthened reaction time</p>
200-299	<p>A. Nausea and vomiting</p> <p>B. Diplopia</p> <p>C. Marked ataxia</p> <p>D. Extreme clumsiness</p>
300-399	<p>A. Hypothermia. Cold, clammy skin</p> <p>B. Loss of ability to speak</p> <p>C. Amnesia</p> <p>D. Anesthesia</p> <p>E. Heavy breathing</p>

TABLE 3 SUMMARY OF EFFECTS OF THE HALLUCINOGENS

Effects	LSD etc Sympathomimetic	Type of hallucinogen Cannabis	Scopolamine Datura Anticholinergic
Distortion of perception	pronounced	pronounced	none
Dream images	pronounced	pronounced	none
Elementary hallucinatory impressions	visual (sparks, lines, etc.)	rare	visual (amorphous), auditory (banging, etc.)
True hallucinations	visual, tactile, etc. (auditory rare)	visual: not pronounced	visual (microscopy, zoöpsy), auditory
Psychedelic effect	pronounced	pronounced	none
Euphoria	pronounced	pronounced	none
Thought blockade	none	none	pronounced
Contact with the environment	present	present	rapidly lost
EEG effect in animals	desynchronization (arousal)	uncharacteristic changes	synchronization
Effects on motor system	little or no ataxia	moderate ataxia	ataxia at hallucinogenic doses
Effect on autonomic system	Sympathomimetic (increased B.P., temp.)	mildly sympatholytic (decreased B.P., temp.)	parasympatholytic (dry mouth, increased pulse rate)
Development of tolerance	pronounced	little	none

Jacobson.
in 'Psychopharmacology
(Joyce, ed.) 1968

Barbiturate Tolerance and Physical Dependence

Pentobarbital :

1 capsule per day - normal sleep-producing dose

2 capsules per day for months - no tolerance
no physical dependence

4 capsules per day for 3 months - 30% will show EEG changes on withdrawal; no
other signs or symptoms

6 capsules per day for 1-2 months - 50% will experience mild withdrawal

More than 8 capsules per day for 1 month - 100% will have withdrawal symptoms
75% will experience convulsions
65% will experience delirium tremens (DT's)

I. Tremulousness (the shakes)

Anxiety

Insomnia

Nausea, vomiting, diarrhea, loss of appetite

Headache

Muscle Weakness

Craving for the drug

Irritable; restless; easily startled

Depressed feeling

Above symptoms may last several days or up to 2 weeks

II. Hallucinosi s - occurs in about 25%

Primarily auditory hallucinations - frequently threatening

Nightmares

Lasts usually a few days, occasionally 10 days or more or even chronically

III. Convulsive Seizures ("Rum Fits") - occurs in about 10%

Major convulsive seizures - a single episode of one or more within a short period of time

Loss of consciousness

IV. Delerium tremens (D.T.'s) - serious medical emergency

Profound Delerium confusion, disorientation, delusions

Vivid Hallucinations, visual as well as auditory

Severe agitation, restlessness, Tremor

Insomnia

Fever, profuse sweating

Increased heart rate

Convulsions

Cardiovascular collapse

Death (in about 15%)